

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street Suite 3, Spearfish, SD 57783 (605) 642-1388; FAX: 642-1389; WWW.STATE.SD.US/DOH/NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

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lame of Institution: LSS - Ar	ise Yout	th Center				
	steinl	ner				
ddress: 3505 Cambell Street	t					
Rapid City, Si	5 7	701				
hone Number: 605-7/6-1837		Fay Numb	er: 605-348	-04	79	
-mail Address of Faculty: Bryan, Ste	inherals	55d.000	/cr. <u>20 </u>			
	- 2/3	201019				
Request re-approval using the following records using the Enrolled Student Log form 2011 SD Community Mental Health Facil Gauwitz Textbook — Administering Medic Mosby's Texbook for Medication Assistant Nebraska Health Care Association (2010) We Care Online EduCare List faculty and licensure information:	ilities (only appositions: Pharmats, Sorrentins) (NHCA)	proved for agencies of macology for Healt o & Remmert (200	ertified through the Depa th Careers, Gauwitz (20 19)	rtment of S	Social Servi	ices)
and 2) according a new	Curriculum A	pplication Form Id	entifying areas of teach RN LICENSE	hing.		
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verifica		
Pryan Steinher	SD	SD-RNRO4	3951 7/8/15		ted by SD	BONT
Balbara Havens	50	R036698	11/6/15	100	D	
Adrienne Lindholm	SD	RO 38348	5/3/45	di	40	
						Called to a
Complete evaluation of the curriculum / programmed	gram: (Explai	in 'No' responses on a	a separate sheet of paper	.)		
					Yes	No
Each person enrolled in your program had a high school diploma or the equivalent. Your program was no less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4 hours in its last of the program was not less than 16 classroom bours and 4					X	
 Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours. 						
Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting					X	
Your program's faculty to student ratio did	not exceed	1:1 in ckill porform	lab setting		X	
 Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 					1	
5. Each student's performance was documented using the SD clinical skills checklist form.					1	-
6. You maintain records using the Enrolled Student Log(s) form.					15	
Faculty Signature:	flow		- 11			
	-6 Dia	Date:	2-1-14			
section to be completed by the South	akota Boar	d of Nursing		1		
Pate Application Received:	U	Date Notice Se	ent to Institution:	114		
Date Application Approved:	/	Application De	nied, Reason:			
expiration Date of Approval:						
Board Representative:	11 2216					
MP	DOID					